

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90008 041 ***150.00

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1. Corporation Name
SW 57 AVE CORP.



Principal Place of Business Mailing Address
C/O FELDMAN, GUTTERMAN, MEINBERG, ET AL C/O FELDMAN, GUTTERMAN, MEINBERG, ET AL
280 PLANDOME ROAD 280 PLANDOME ROAD
MANHASSET NY 11030 MANHASSET NY 11030

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/27/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0531070	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		8.75 Additional	
Country		Country		Fee Required	
25		30		6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be	
				Added to Fees	
				8. This corporation owes the current year Intangible	
				Personal Property Tax.	
				Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, LAURIE P
828 MINORCA AVE
SUITE 2
CORAL GABLES FL 33134

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	ASTOR, PATRICIA	1.2 NAME	
STREET ADDRESS	22354 SW 57TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	ASTOR, LIONEL	2.2 NAME	
STREET ADDRESS	22354 SW 57TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	MEINBERG, MARK	3.2 NAME	
STREET ADDRESS	280 PLANDOME RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MANHASSET NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	GUTTERMAN, MARK	4.2 NAME	
STREET ADDRESS	280 PLANDOME RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MANHASSET NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	FELDMAN, BURTON	5.2 NAME	
STREET ADDRESS	280 PLANDOME RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MANHASSET NY	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Meinberg 3/27/99 (516) 365-6600

CR2E034 (11/98)